## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARD SMEDICALD SHEDINGES

PRINTED: 05/06/2010 FORM APPROVED OMBINO, 0939-0301

|                          | OF CORRECTION  | DENTIFICATION NUMBER:  | A. EUILDIN          | ROLE CONCERNICATION  | COMPL   |                             |
|--------------------------|--|--|---------------------|--|---|-----------------------------|
|                          |  | !<br>  | B. WING _           |  | 94/   | 30/2010                     |
|                          | PROVIDER OR SUPPLIER DE COUNTY NURSING   | HOME   | 1                   | REET ADDRESS, CITY, STATE, ZIP COD<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367              |   |                             |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORE<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE A<br>DEFICIENCY) | HOULD BE  | COMPLETION<br>DATE          |
|                          | \$483.12(a).  The facility must als and, if known, the re or interested family change in room or respecified in \$483.11 resident rights underegulations as specithis section.  The facility must receive address and photological representative.  This REQUIREMENT by: Based on medical rethe facility falled to negative administered to oresidents receiving and the findings include:  Resident #8 was add 24, 2007, with diagnor Renal disease, Chrolinsulin Dependent Digastroesophageal Recipheral Vascular I Cerebrovascular According of the Physic Review of the Physic | e facility as specified in  to promptly notify the resident esident's legal representative member when there is a commate assignment as 5(e)(2); or a change in rederal or State law or fied in paragraph (b)(1) of cord and periodically update one number of the resident's or interested family member.  T is not met as evidenced excord review and interview, offy the physician for blood or two (#8, #9) residents, and one of sliding scale insulin to the (#10) resident of seven liding scale insulin.  In the facility on July ones including End-Stage | F 157               | 1  | e SSI  e ted  s on  arding  octic  n was  on  FOU  THER  TO BE  Y THE  HENT  new  review  if the  nd will  resident  otential  isures | 5/3/10<br>PN'5-<br>DS COOL. |
|                          |  | 1 15 units at bedtime and  |                     |  |   |                             |

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: W55L11

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Facility ID: TN0401

If continuation sheet Page 2 of 47

amended nation.

| NO PLAN OF CORRECTION  | IDENTIFICATION NUMBER   | A. BUILD            | NG  |            | COMPLETED                  |  |
|--|---|---------------------|---|------------|----------------------------|--|
|  | 44E232  | B. WING             |   | 04/30/2010 |                            |  |
| VAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING  | HOME  |                     | IREET ADDRESS, CITY, STATE, ZIP CODE<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367   |            |                            |  |
| PRÉFIX (EACH DEFICIENC)  | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY)   | ULD BE     | (XS)<br>COMPLETION<br>DATE |  |
| at bedtime using the 250 = 2 units; 251 - units; 351 - 400 = 8 review of these order was dated July 24, 2 scale. Review of the 2010, February 201 2010, revealed the state top, was blood services - 280 = 4 units; 281 units; 361 - 400 = 10 revealed to 11, 2010, at 8 429 and 10 units of 10 (instead of notifying Review of nursing norevealed no docume notified of the blood linterview with the Ad Coordinator on April Chapel, confirmed the first of the blood sugar revealed no docume notified no docume no docume no docume no d | Novolin R, before meals and e scale for blood sugar 200 - 300 = 4 units; 301 - 350 = 6 units; >400 call. Continued ers revealed the original order 2007, using the same sliding Diabetic Record for January D, March 2010, and April sliding scale handwritten at ugar 180 - 240 = 2 units; 241 - 320 = 6 units; 321 - 360 = 8 0 units; >400 = call physician.  Itic Record revealed the 2:00 p.m., blood sugar was units were administered the physician as ordered. Stee for March 11, 2010, antation the physician was sugar >400 as ordered.  Initiation the physician was not notified sults of 429.  Initiation the facility on with diagnoses including the physician was not notified sults of 429.  Initiation the facility on with diagnoses including the physician was not notified sults of 429.  Initiation the facility on with diagnoses including the physician was not notified sults of 429.  Initiation the facility on with diagnoses including the physician was not notified sults of 429.  Initiation the facility on with diagnoses including the physician was not notified sults of 429.  Initiation the physician was not notified sults of 429. | F 157               | 3) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? An in-service was conducted on May 5 & 6, 2010 by the DON and Administrator with the charge nurses regarding the use of the Diabetic Record with an explanation on how to correctly fill out each box including checking the comment box and documenting that the physician has been contacted. A copy of the SSI order will be | La Can     |                            |  |

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Event ID: W55L11

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|   | NY DE PRECION<br>OF CORRECTION   | DENTIFICATION NUMBER.  | 2. Suit             | DIAG<br>10 ды E Coneдынстун  | MAI DATE S<br>COMME  |                            |
| · ·   |  | 44E232   | g. WIN              | <u> </u>   | 04/:   | 30/2010                    |
| ļ   | PROVIDER OR SUPPLIER DE COUNTY NURSING   | 3 НОМЕ   |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367   | ······   |                            |
| (X4) ID<br>PREFIX<br>TAG  | (EACH DEFICIENC  | Atement of deficiencies<br>Y must be preceded by full<br>SC identifying information)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRE<br>( (EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY)   | OULD BE  | (X5)<br>COMPLETION<br>DATE |
| T. O. A. W. | = 6 units; 321 - 360 units; >400 = 12 units order with exame silding so Record revealed a the top of the page sugar >400 = call place ordered by the physical record review ordered by the physical force ordered force or the physical force of 12 units as ordered for the force ordered by the physician was notified interview with the Additional force or the physical force | 241 - 280 = 4 units; 281 - 320 i = 8 units; 361 - 400 = 10 ilts. Continued review revealed as written on May 5, 2008 for ale. Review of the Diabetic hand written sliding scale at the same except for blood hysician.  ew of the sliding scale insulin ician on April 1, 2010  10 p.m., blood sugar was 435 in were administered (instead ed). 10 p.m., blood sugar was 415 in were administered (instead ed). 10 p.m., blood sugar was 451 in were administe | Fil                 | The attending physician had been contacted and had changed diabetic to more consistant SS. The Diabetic Record will be forwarded to the consultant Pharmacist monthly by the RN for review of correct orders and documentation.  4) HOW THE CORRECTIVACTION(S) WAS BE MONITOR TO ENSURE TO ENS | ds work with the control of the cont | \$10/10<br>5/10/10         |

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Facility ID: TN0401

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|   | ot ar area in the second of Correction   | OENTIFICATION NUMBER.  | A BUILD             | HAG SAMOLDI IVLIVITI   | PERMITE !    |                            |
|   |  | 445232   | B MING              | The state of the s | 04/:         | 30/2010                    |
| 1                                       | PROVIDER OR SUPPLIER DE COUNTY NURSIN  |  | 8                   | TREET ADDRESS, CITY, STATE, ZIP CODE<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367  |              |                            |
| (X4) ID<br>PREFIX<br>TAG                | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE AP<br>DEFICIENCY)  | HOULD BE     | (XS)<br>COMPLETION<br>DATE |
| 2 ( N a c N 2 ( )                       | Review of the Physicated April 1, 2010 received Novolin 70 morning; Lantus instead of Salar minus 150 di insulin dose. Continoriginal order was with the same slidin Medical record review ordered by the physicate of 9,56 units of insulin dose. Continoriginal order was with the same slidin Medical record review ordered by the physicate of 9,56 units of instead of 9,56 units February 26, 2010, 321 and 3 units of insulinors and 10 units of instead of 6,84 units February 28, 2010, at 313 and 10 units of insulinors and 8 units of insulinors and 8 units of insulinors and 4 units were 1,76 units per calculated and 5 units of insulinors and 4 units were 1,76 units per calculated and 5,44 units March 8, 2010, at 4:36 and 5 units of insulin 14,48 units of ins | sician's Recapitulation Orders, revealed the resident D/30 insulin 35 units each sulin 50 units at 4:00 p.m.; as a insulin, Novolin R, of "blood vided by 25 = sliding scale nued review revealed the vritten on October 27, 2008, ag scale insulin, ew of the sliding scale insulin, sician revealed:  at 8:00 p.m., blood sugar was assulin were administered as per calculation).  at 9:00 p.m., blood sugar was assulin were administered as per calculation).  9:00 p.m., blood sugar was insulin were administered (instead culation).  00 p.m., blood sugar was administered (instead culation).  100 a.m., blood sugar was administered (instead of ation).  100 p.m., blood sugar was sulin were administered (instead of ation).  100 p.m., blood sugar was sulin were administered instead of ation).  100 p.m., blood sugar was sulin were administered (instead per calculation).   | F 15                | week. These findings reported to the QA commonthly until the QA commonthly until the QA committee deems unnecessary.  OA CONVITALIAN DON CONTRACTOR OF CONTR | atr<br>weetr | 5/19/10                    |

Event ID: W55L11

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|                          | NT OF CORRECTION   | IDENTIFICATION NUMBER   | A. EUILI            | DIKS  | COMPLETED                             |                            |
| ``<br>!                  |  | 44E232  | B. WING             |   | nat                                   | 30/2010 ·                  |
| 1                        | NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING HOME   |   | S                   | TREET ADDRESS, CITY, STATE, ZIP CODE<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367   | 1 04/5                                | 30/2010 .                  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SHI<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY)   | QUI.D BE                              | (X5)<br>COMPLETION<br>DAYE |
| F 333                    | 30, 2009, with diagn Diabetes Mellitus, C PEG (percutaneous tube placement.  Medical record revier recapitulation orders April 16, 2010, stated (by mouth) or PEG to Review of the facility Medication per Gastrum Tube placement with insertion of air bolus.  Observation of the recon April 28, 2010, at 10 Practical Nurse (LPN administration to the observation revealed syringe into the feeding medication in 60 millilly without checking placement of the tube administering the medication of the tube administering the medication of the tube administering the medication of Medication (PEG tube placement via 183.25(m)(2) RESIDE: | milited to the facility on June oses including Dementia, ongestive Heart Failure, and endoscopic gastrostomy)  w of the physician's monthly signed by the physician on dimedications to be given "poube"  's Administration of its Tube policy revealed, " libe verified by aspiration or with auscultation"  sident in the resident's room 9:20 a.m., revealed Licensed ) #1 providing medication resident. Continued LPN #1 placed a 60 millilitering tube and administered iters of fluid into the tube ement of the tube prior to ation.  outside the resident's room 0:30 a.m., confirmed the was not checked prior to itication.  mum Data Set Coordinator is office on April 28, 2010, ed the facility policy for ications for residents with was not followed.  NTS FREE OF | F 333               | Administrator, and each nurse given a copy of the policy for PEG tube feed and administering medications. Also an information note was plong the MAR of resident to check for tube placer prior to feedings or medication administration.  2) HOW WILL YOU IDENTIFY OTH RESIDENTS HAVING THE POTENTIAL TO AFFECTED BY SAME DEFICIE PRACTICE?  Upon admission of new residents, the RNs will review the chart and ord determine if the resident the potential to be affect if it is determined that the resident will require feed the RNS COORDINATE. | aced # 2 nent on.  U HER  DBE THE ENT |                            |
| F 333                    | PEG tube placement v   | vas not followed.<br>NTS FREE OF  | F 333               |   |                                       |                            |

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|                          | OF CORRECTION  | DENTIFICATION NUMBER  | !                  | ILDING  | 9,000  | LETED   |
| ļ                        |  | 44E232  | B. Wi              | 4G  | n4   | /30/2010                                      |
|                          | PROVIDER OR SUPPLIER OE COUNTY NURSING   | HOME  |                    | STREET ADDRESS, CITY, STATE, 2<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367   | IP CODE  | 00/2010                                       |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL FOR IDENTIFYING INFORMATION)  | (D<br>PREF)<br>TAG |   | TION SHOULD BE<br>THE APPROPRIATE  | (XK)<br>COMPLETION<br>DATE                    |
|                          | 30, 2009, with diagnation Diabetes Mellitus, Care PEG (percutaneous tube placement.  Medical record review recapitulation orders April 16, 2010, stated (by mouth) or PEG tube Review of the facility Medication per Gastrum Tube placement will insertion of air bolus of Control of the reservation of t | mitted to the facility on June oses including Dementia, ongestive Heart Failure, and endoscopic gastrostomy)  w of the physician's monthly signed by the physician on a medications to be given "pube"  s Administration of ic Tube policy revealed, " if be verified by aspiration or with auscultation"   |                    | and/or medication tube, the nurses we reminded verbally proper checking of placement. Also a information note we placed on the MA resident requiring feedings or medical administration, to tube placement profeedings or medical administration.   | regarding of regarding of the control of the contro | 100 de se |
| [() a A P 4 4 3 3 3 4 4  | on April 28, 2010, at 9 Practical Nurse (LPN) administration to the nobservation revealed I syringe into the feedin medication in 60 millill without checking place medication administration April 28, 2010, at 10 placement of the tuber administering the medication with the Minimus with the Minimus outside the MDS to 10:35 a.m., confirme  | 2:20 a.m., revealed Licenset #1 providing medication esident. Continued LPN #1 placed a 60 millilitet g tube and administered ters of fluid into the tube ement of the tube prior to tion.  Outside the resident's room 0:30 a.m., confirmed the was not checked prior to cation.  num Data Set Coordinator 6 office on April 28, 2010, d the facility policy for cations for residents with as not followed. |                    | 3) WHAT ME WILL BE INTO PLATE WHAT CI WILL YO TO ENSUITHE DEFINANCTIC NOT RECT An in-servit conducted of \$6,2010, DON and the Administration the charge reconstruction of the charge reconstru | PUT ACE OR HANGES U MAKE RE THAT ICIENT E DOES UR? ce was on May 5 by the ne tor with  | Sju  10                                       |
| 35-F 0                   | - were you grant to 1 2 1935 holder day 3  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                    | :<br>!<br>!   | )  | 9B  |

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Event ID: W55L11

Facility ID: TN0401

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MESICAND A MEDICALD CENTURY

ATAMEMENT TO THE PROPERTY AND S AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. ÁUILDING B. WING. 44E232 04/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE BLEDSOE COUNTY NURSING HOME PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 322 | Continued From page 8 regarding the policy F 322 Resident #2 was admitted to the facility on June for checking for tube 30, 2009, with diagnoses including Dementia. placement prior to Diabetes Mellitus, Congestive Heart Failure, and medication or food PEG (percutaneous endoscopic gastrostomy) administration per tube placement. PEG tube. Each Medical record review of the physician's monthly nurse was given a recapitulation orders signed by the physician on copy of policy. Also, April 16, 2010, stated medications to be given "poeach new admission (by mouth) or PEG tube... " that requires feedings or medications per Review of the facility's Administration of PEG tube will have an Medication per Gastric Tube policy revealed, " ... Tube placement will be verified by aspiration or information note insertion of air bolus with auscultation... ' placed on MAR, monthly, reminding Observation of the resident in the resident's room nurses to check tube on April 28, 2010, at 9:20 a.m., revealed Licensed Practical Nurse (LPN) #1 providing medication placement prior to administration to the resident. Continued medication observation revealed LPN #1 placed a 60 milliliter administration or syringe into the feeding tube and administered feedings. medication in 60 milliliters of fluid into the tube without checking placement of the tube prior to The information Note was placed on the MAR by the DON - WILL be done monthly by the pharmacist & crecked by 2 charge naises are being as MARS are being medication administration. Interview with LPN #1 outside the resident's room on April 28, 2010, at 10:30 a.m., confirmed the placement of the tube was not checked prior to administering the medication. Interview with the Minimum Data Set Coordinator (MDS) outside the MDS office on April 28, 2010, at 10:35 a.m., confirmed the facility policy for Checked. Administration of Medications for residents with PEG tube placement was not followed. F 333 483.25(m)(2) RESIDENTS FREE OF F 333 SS=F | SIGNIFICANT MED ERRORS

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Event ID: W55L11

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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|                          | N OF CORRECTION   | DENTIFICATION NUMBER   | A. BUIL             | DING   | ) COMP  | LETED                      |
| `.<br>                   |   | 44E232   | B. WING             | 3  | 04/   | 30/2010                    |
| ł                        | PROVIDER OR SUPPLIER<br>OE COUNTY NURSING   | нома   | ,                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367   |   |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRE<br>(EACH CORRECTIVE ACTION SH<br>CROSS-REFERENCED TO THE API<br>DEFICIENCY)   | OULD BE   | (X5)<br>COMPLETION<br>DATE |
| F 333                    | Jan. 2009, with diagnary Diabetes Mellitus, C PEG (percutaneous tube placement.  Medical record revie recapitulation orders April 16, 2010, stated (by mouth) or PEG to Review of the facility Medication per Gastr Tube placement with insertion of air bolus.  Observation of the recon April 28, 2010, at 1 Practical Nurse (LPN administration to the inobservation revealed syringe into the feeding medication in 60 milling without checking placemedication administration to the underview with LPN #1 on April 28, 2010, at 1 placement of the tube administering the medication with the Mini (MDS) outside the MD at 10:35 a.m., confirmedications. | mitted to the facility on June oses including Dementia, ongestive Heart Fallure, and endoscopic gastrostomy)  w of the physician's monthly signed by the physician on a medications to be given "poube"  s Administration of the Tube policy revealed, " If be verified by aspiration or with auscultation"  sident in the resident's room endoscopic a.m., revealed Licensed (a) #1 providing medication resident. Continued LPN #1 placed a 60 milliliter and the tube prior to a tion.  outside the resident's room 0:30 a.m., confirmed the was not checked prior to dication.  mum Data Set Coordinator S office on April 28, 2010, and the facility policy for cations for residents with was not followed.  NTS FREE OF | F 333               | 4) HOW THE CORRECTIVE ACTION(S) VER MONITOR TO ENSURE DEFICIENT PRACTICE VENT NOT RECUR. The RNs will make range to ensure proper practifollowed. The finding be reported and monitor through the QA community through the QA | VILL RED THE VILL ? ndom nurses ice is s will ored by ittee. DS Marke Marke | 5 19/10                    |
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| AND PLAN                 | OF CORRECTION   | IDENTIFICATION NUMBER:   | A. BUIL       |   | COMP   | EHEN (EN)                  |  |
| ļ                        | PROVIDER OR SUPPLIER<br>DE COUNTY NURSING   |  |               | STREET ADDRESS, CITY, STA<br>107 WHEELERTOWN AV<br>PIKEVILLE, TN 37367  | ATE, ZIP CODE<br>ENUE  |                            |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)  | PREFIX<br>TAG | (EACH CORRECT)<br>CROSS-REFERENCE   | LAN OF CORRECTION<br>IVE ACTION SHOULD BE<br>ED TO THE APPROPRIATE<br>FICIENCY)  | (X5)<br>COMPLETION<br>DATE |  |
|                          | The facility must ensany significant medical receiver, and interview sliding scale insulin where the physical force insulin. The facility scale insulin where the physician resurds the physician resurds the physician resurds the findings included Resident #4 was administrated the findings included Resident #4 was administrated the findings included Resident #4 was administrated force force force insulings included Recapitulation Orders evenied the resident when the finding scale insulin with November 14, 2008, which is a single finding scale insulin with November 150 - 200 in the finding scale insulin was pril 7, 2009 using the teview of the Diabetic ebruary 2010, March | cation errors.  T is not met as evidenced cord review, facility policy the facility failed to ensure vas administered according obtained by finger sticks, as cian, for six (#4, #5, #8, #9, esidents receiving sliding slility's failure to ensure the vas administered as ordered lited in Substandard Quality  itted to the facility on with diagnoses including pertension, Seizures, and  of the Physician's dated April 1, 2010, was to receive Lantus noming as well as sliding polin R before meals and at wing sliding scale:  = 4 units; 201 - 250 = 6 its; 301 - 350 = 10 units; nued review revealed the is originally ordered on same sliding scale.  Records for January 2010.   | F 3:          | 1.) WHAT ACTION ACCOMP THOSE REFOUND THOSE REFOUND THE DESCRIPTION OF | CORRECTIVE WILL BE LISHED FOR ESIDENTS O BE AFFECTED DEFICENT E? 4: Chart was for correct ation of SSI order betic Record. A c order was placed iabetic Record. 5: Chart was for correct ation of SSI order betic Record. A c physician's order with the Diabetic with the Diabetic sorder. A copy of an's order was a the Diabetic  The SSI order ted and d on the Diabetic | 10/10<br>10/10             |  |

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| DÉPAR<br>CENTS           | RTMENT OF HEALTH   | HAND HUMAN SERVICES  |               |  | FOR   | D: 05/06/2010                       |
|--------------------------|--|--|---------------|--|---|-------------------------------------|
| 1. 医多次性皮肤病               | of correction  | DENTIFICATION NUMBER   | A. BUILE      | THE A TOMPTHISTOR  | ino UNTO  | .re1ed<br>: 618/1éA<br>O: 0836 030. |
|                          |  | 44E232   | s. wing       | * Catherine In Indiana.  |   |                                     |
| NAME OF                  | PROVIDER OR SUPPLIER   |  |               | TREET ADDRESS, CITY, STATE, ZIP COD  | <del></del>   | /30/2010                            |
| BLEDSO                   | DE COUNTY NURSING  | HOME   |               | 107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367  | tu  |                                     |
| (X4) ID<br>PREFIX<br>TAG | ! (EACH DEFICIENCY   | Tement of deficiencies<br>Must be preceded by full<br>SC identifying information)  | PREFIX<br>TAG | PROVIDER'S PLAN OF CORR<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE AF<br>DEFICIENCY)        | HOULD BE  | (X5)<br>COMPLETION<br>DATE          |
| A CHAUL SON A            | 201 - 250 = 6 units,   = 10 units,   >350 = 1 is a form used daily sliding scale Insulin; values; and the amoradministered.  Medical record revie ordered by the physic revealed:  January 11, 2010, at 166 and no Insulin wounits as ordered).  January 13, 2010, at 174 and no insulin wounits as ordered).  January 16, 2010, at 205 and no insulin wounits as ordered).  January 22, 2010, at 198 and no insulin wounits as ordered).  January 30, 2010, at 152 and no insulin wounits as ordered).  Jebruary 30, 2010, at 415 and 14 units of in instead of 12 units as february 16, 2010, at 171 and no insulin wounits as ordered).  Jebruary 26, 2010, at 171 and no insulin wounits as ordered).  Jebruary 26, 2010, at 172 units as ordered insulin wounits as ordered insulin wounits as ordered insulin wounits as ordered insulin as ordered insu | sugar " 150 -200 = 4 units; 251 - 300 = 8 units, 301 - 350 2 units." The Diabetic Record by nurses to administer to document blood sugar funt of sliding scale insuling which of sliding scale insuling cian on April 7, 2009,  6:00 a.m., blood sugar was as administered (Instead of 4 8:00 p.m., blood sugar was as administered (instead of 4 6:00 a.m., blood sugar was as administered (instead of 4 6:00 p.m., blood sugar was as administered (instead of 4 6:00 p.m., blood sugar was as administered (instead of 4 6:00 p.m., blood sugar was a administered (instead of 4 6:00 p.m., blood sugar was a sulin were administered instead of 8 6:00 a.m., blood sugar was sulin were administered (instead of 8 11:00 a.m., blood sugar was administered (instead of 8 11:00 a.m., blood sugar was administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 were administered (instead of 8 p.m., blood sugar was 344 p.m., blood sugar was 344 p.m. | F 33          | with the Diabetic Re Resident #10: The A Physician was conta the changed the SSI of more consistent scal | Attending cted and order to a e. SSI order Diabetic he acced with ed by | DONSAR                              |

Event ID: W55L11

4534411465

Facility ID: TN0401 TYPL DON If continuation sheet Page 11 of 47 orthe MDS Will

New the Chart &

The diabetic record to

Line correct documentation

after the charge rursels) have

transcribed orders.

| <u> </u>                 | יה ביים עברים ארי  | E S MEDICANE CERNACEC   |              |   |   | M APPROVED  |
|--------------------------|--|---|--------------|---|---|---|
| : = TATEMEN              | NT DE DEFINIFICATE<br>OF DURKEUROR   | FEMERICES W. SECONSESSION RESERVED AND ALLESS STORY   |              | COMP  | SURVEY  |   |
| ,                        |  | 44E232  | B. WiN       | ß   | 0.67  | 2012040   |
| NAME OF                  | PROVIDER OR SUPPLIER   | al <u>a, principal de la companya de la</u> | <del></del>  | STREET ADDRESS, CITY, STATE, ZIP CODE   | U4I   | 30/2010   |
| BLEDSO                   | DE COUNTY NURSING  | З Номе  |              | 107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367   |   |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | PREFO<br>TAG | PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEFICIENCY)  | OULD BE   | COMPLETION<br>DATE  |
|                          | and 6 units of insuli of 8 units as ordered March 10, 2010, at 162 and no insulin with units as ordered). March 11, 2010, 9:0 and 6 units of insulit of 8 units as ordered March 17, 2010, at 257 and 6 units of indinstead of 8 units as March 20, 2010, at 6 175 and no insulin with units as ordered). March 22, 2010, at 1331 and 8 units of indinstead of 10 units as March 29, 2010, at 14 15 and 10 units of indinstead of 12 units as ordered (instead of 12 units as ordered). April 3, 2010, at 11:00 and 12 units as ordered (instead of 10 units as ordered). April 8, 2010, at 11:00 and 12 units as ordered). The units as ordered (instead of 10 units as ordered). The units as ordered (instead of 10 units as ordered). The units as ordered). The units as ordered (instead of 10 units as ordered). The units as ordered). The units as ordered (instead of 10 units as ordered). The units as ordered). The units as ordered (instead of 10 units as ordered). The units as ordered). The units as ordered (instead of 10 units as ordered). The units as ordered). | 100 p.m., blood sugar was 262 n were administered (instead d).  9:00 p.m., blood sugar was vas administered (instead of 4 d).  100 p.m., blood sugar was 263 n were administered (instead d).  1:00 p.m., blood sugar was usin were administered (instead of 4 d).  1:00 p.m., blood sugar was usin were administered (instead of 4 d).  1:00 a.m., blood sugar was satin were administered us ordered).  1:00 p.m., blood sugar was usin were administered us ordered); at 9:00 p.m., and 10 units of insulin were d of 12 units as ordered).  p.m., blood sugar was 336 n were administered (instead d).  1 a.m., blood sugar was 193 were administered (instead d).  | F 3:         | WILL BE PUT INTO PLACE OR WHAT CHANGES WILL YOU MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR? An in-service was conducted on May 5 & 6, 2010, by the DON and the Administrator, with the charge nurses regarding the use of the Diabetic Record with an explanation on how to correctly fill out each box including checking the comment box and documenting that the physician has been contacted. A copy of the SSI order will be placed with the Diabetic Record, the nurses will compare the order against what is documented on the Diabetic Record and | Trun mos wing on di ad no a n | on the coordinate place a resident of the coordinate a resident of sident or sident or some only made |

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:W55L11

Facility ID: TN0401

| ,                        | and the second of the second of the second   | are the major to the medical fact and are to be a facility to  |                  |                           |                                |  | CMBMC             | 0000 000  | • |
|--------------------------|--|--|------------------|---------------------------|--------------------------------|--|-------------------|---|---|
|                          | OF CORRECTION  | THE PROMODER OF THE PROMODER O | A. SU            |                           | 5: 5 chile:                    | rbi lemelu   | COMPL             | •   | • |
| 4                        |  |  | ļ                |                           | <u> </u>                       |  | ļ                 |   |   |
| <del></del>              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 44E232   | (S. WI!          | NG                        |                                | <u></u>  | 04/3              | 30/2010   |   |
| BLEDS                    | PROVIDER OR SUPPLIER DE COUNTY NURSING   |  |                  | 10                        | 77 WHEEL                       | ESS, CITY, STATE, ZIP CODE<br>ERTOWN AVENUE<br>I, TN 37367   |                   |   |   |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)  | PREF<br>TAG      |                           | (EA                            | PROVIDER'S PLAN OF CORRECT<br>CH CORRECTIVE ACTION SHOUS<br>S-REFERENCED TO THE APPR<br>DEFICIENCY)  | ULD BE<br>OPRIATE | COMPLETION<br>DATE  |   |
|                          | sugar values/sliding sliding scale insuling sliding scale insuling sliding scale insuling sliding scale insuling september 11, 2009 on December 3, 2000 Diabetes Mellitus, M Spine Disease, Fibro Apnea, and Chronic Review of the Physic dated January, 2010 Accucheck AC & HS of sleep) with sliding blood sugar 201 - 25 units; 301 - 350 = 8 to 2400 = 12 units. "  Medical record review monthly orders for sliding scale is documented; January 16, 2010, at 12 units as ordered). January 17, 2010, at 8227 and no Insulin was units as ordered). January 20, 2010, at 8227 and no Insulin was units as ordered). January 20, 2010, at 8227 and so Insuling scale in January 21, 2010, at 13 units of sliding scale in January 21, 2010, at 14 units of sliding scale in January 21, 2010, at 15 or units of sliding scale in January 21, 2010, at 15 or units of sliding scale locumented. | scale insulin orders indicated coverage was indicated.  mitted to the facility on and readmitted to the facility 9, with diagnoses including orbid Obesity, Degenerative imyalgia, Obstructive Sieep Pain.  lan's Recapitulation Orders revealed an order for " (before meals and at hours scale insulin, Novolin R, for 0 = 2 units; 252 - 300 = 4 nits; 351 - 400 = 10 units; of the January, 2010 ding scale insulin revealed:  1:00 a.m., no blood sugar or insulin administered were  1:00 p.m., blood sugar was a administered (instead of 2 administered (instead of 2 administered were)  1:00 p.m., no blood sugar or insulin administered were  1:00 p.m., no blood sugar or insulin administered were   | The Whether Conf | to a survival I sou whate | acist monitor of the Mill Math | documentation. The nurses who re-copies the records on a monthly basic (or as needed) will check the SSI order on the Diabetic Record with the physician's order/MAR.  HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR? | CORPULATION CUIT  | Supplied to be to |   |
| 0<br>  0<br>  b          | or units of sliding scale<br>locumented.<br>anuary 30, 2010, at 4  | insulin administered were 00 p.m., and 8:00 p.m., no of sliding scale insulin  |                  | 6                         | (Naeg                          | PRACTICE WILL  | 3                 |   |   |

Event ID: W55L11

Facility ID: TN0401

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/06/2010

CENTERS FOR MEDICARE SAME STATE SERVICES FORM APPROVED 电子方子系统类数学 色色 色花豆的 经加速的经验 AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BURDING B. WING 44E232 04/30/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 333 | Continued From page 13 F 333 daily audits to ensure February 8, 2010, at 4:00 p.m., blood sugar was 0ا إما [5 that necessary 219 and no insulin was administered (instead of 2 documentation has units as ordered); at 9:00 p.m., blood sugar was 215 and no insulin was administered (instead of 2 been performed, units as ordered). including proper The DON STA March 3, 2010, at 9:00 p.m., blood sugar was 205 documentation of and no insulin was administered (instead of 2 glucose levels, SSI units as ordered). March 4, 2010, at 9:00 p.m., blood sugar was 216 and routine insulin and no insulin was administered (instead of 2 orders. The RNs will units as ordered), review the Diabetic March 5, 2010, at 9:00 p.m., blood sugar was 214 Records at least twice and no insulin was administrated (Instead of 2 units as ordered), per week. These March 20, 2010, at 9:00 p.m., blood sugar was findings will be 225 and no insulin was administered (instead of 2 reported to the QA units as ordered). committee monthly April 5, 2010, at 9:00 p.m., no blood sugar and no until the QA units of sliding scale insulin administered were documented. committee deems April 25, 2010, no blood sugar and no units of unnecessary. The sliding scale insulin administered were Diabetic Records will documented at 6:00 a.m., 11:00 a.m., and 4:00 be sent to the p.m.; blood sugar at 9:00 p.m. was 251 and no Consultant insulin was administered (instead of 4 units as ordered). Pharmacist monthly for review of the Interview with the Administrator and the MDS correct order. Coordinator on April 29, 2010, at 9:40 a.m., in the The DON WILL SEND chapel, confirmed Resident #5 was administered The Records to The pharmaust & will review monitor at incorrect doses of sliding scale insulin and blood sugar values as well as sliding scale insulin administered were not documented consistently. Resident #8 was admitted to the facility on July 24, 2007, with diagnoses including End-Stage The Op Committe consist of: Don't Daministrator- nos coordingto Renal disease, Chronic Pain, Hypertension.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: W55Lt1

Social Services Derector - Dietary Supervisor-Auctical Dine two pharmaust, acua &

Insulin Dependent Diabetes Mellitus,

Gastroesophageal Reflux Disease, Depression,

| ATA LETATIO                | OF CORRECTION  | DEMOCION IDENTIFICATION NUMBER  |                  | A. BUILDING   |              | OMB NO. 0938-039*          |  |
|----------------------------|--|---|------------------|---|--------------|----------------------------|--|
|                            |  | / 4 <b>7</b> 000  | }                |   | I ONN        | LETED                      |  |
| AME OF                     | PROVIDER OR SUPPLIER   | 44E232  | B. VVIN          | 4G  | GAI          | 30/2010                    |  |
|                            | DE COUNTY NURSING (  | HOME  |                  | STREET ADDRESS, CITY, STATE, ZIP COE<br>107 WHEELERTOWN AVENUE  | <u>v - v</u> | 00,20                      |  |
| (X4) ID                    | SUMMARY STATE  | MENT OF DEFICIENCIES  |                  | PIKEVILLE, TN 37367   |              |                            |  |
| PREFIX<br>TAG              | REGULATORY OR LSC  | IDENTIFYING INFORMATION)  | PREFIX<br>TAG    | · • • • • • • • • • • • • • • • • • • •   | HOMBE        | (X5)<br>COMPLETION<br>DATE |  |
| F 425                      | Continued From page  | 27  | F 4;             |   |              |                            |  |
| j                          | This REQUIREMENT by:  Based on medical rec   | is not met as evidenced   | Г <del>4</del> , | IDENTIFY OTHE<br>RESIDENTS HAV<br>THE POTENTIAL   | ER<br>/ING   |                            |  |
|                            | interview, the facility fa<br>consultant pharmacist<br>medication reviews to   | Keview Report, and siled to ensure the conducted comprehensive determine errors and   |                  | BE AFFECTED B<br>SAME DEFICIEN<br>PRACTICE?   | Y THE<br>T   | DONEY!                     |  |
| r                          | omissions in sliding sc<br>for six (#4, #5, #8, #9,<br>residents receiving slid  | ale insulin administration   #10 #11) of seven  |                  | Upon admission of a new resident, the RNs will revi   | ew une       | 5                          |  |
|                            | The findings Included:   |   |                  | chart to determine if the re<br>is a diabetic and will requi  |              |                            |  |
| re<br>re                   | felephone interview with<br>Pharmacist on April 29,<br>evealed medication revious to<br>nonth on all residents,<br>evealed the Consultant<br>heak the Diabetic Recommendation              | 2010, at 10:50 a.m.,<br>views are completed every<br>Continued Interview  |                  | if so, the resident will be identified as potential to be affected and measures take prevention of error                |              |                            |  |
| si<br>re<br>M.<br>do<br>su | uninistered since "I as<br>iding scale insulin order<br>evealed the Consultant<br>AR to ensure the medi<br>pes not determine the a<br>igar value, and stated if<br>edication is administer | sume the staff follow the pr." Continued interview Pharmacist checked the cation was given but accuracy of the blood of an incorrect dose of then the facility is |                  | 3.) WHAT MEASURE WILL BE PUT INT PLACE OR WHAT CHANGES WILL I MAKE TO ENSURI  | o rou        |                            |  |
| Co                         | onsultant Pharmacist widing scale insulin order nounts on the MAR and  | lew revealed the as unaware of the two s with different scale in the Physician's  |                  | PRACTICE DOES I<br>RECUR?<br>Monthly the Diabetic Reco  | rds ( )      | when a                     |  |
| " T<br>Col<br>Pha          | capitulation Orders for<br>hat was something I m<br>ntinued interview revea<br>armacist is not a memi  | Resident #4 and stated ust have overlooked."  |                  | will be sent to the Consultar<br>Pharmacist for review and<br>compared to the Physician'<br>orders for correct document | S            | Jeh                        |  |
| con                        | surance Committee (Q<br>nmittee meetings, Con<br>ealed if there are medi<br>nsulting Pharmacist sh   | AC) and does not attend tinued interview cation issues the  |                  | of SSI orders. Spoke with<br>Consultant Pharmacist on 5<br>and he has agreed to attend<br>meetings as necessary.        |              | or emix                    |  |

FORA

Facility ID: TN0401

If continuation sheet Page 28 of artists

| ANY PROVIDER NAME AND THE PROVIDER OF THE PROV | A BUILDING  | <u> </u>  |
|--|---|---|
| 4 .  | A BUILDING  | ( AAL   |
| :  |   | COMPLETED   |
| NAME OF PROVIDER OR SUPPLIER   | B WING  |   |
| BLEDSOE COUNTY NURSING HOME  (X4) ID SUMMARY STATEMENT OF DEFICE COUNTY  | STREET ADDRESS, CITY, STATE, 2<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367   |   |
| TAG REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PROVIDER'S PLAN O PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN  | THE APPROPRIATE DATE  |
| Director of Nursing who relays them to the QAC and if there are issues from the QAC "I have good rapport with the Medical Director and we discuss issues and information."  Review of the Medication Review reports submitted from the Consulting Pharmacist revealed there were no Irregularities noted in the Medication Administration Records of Residents #4, #5, #8, #9, #10 for December 2009, January 2010, February 2010, and March 2010; and the record of Resident #11 did not have a review due to admission date of March 16, 2010.  F 431  SS=D  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconcillation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be tabeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.  In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.  The facility must provide separately locked,   | F 425  4.) HOW THE COACTION(S) WILL MONITORED TO THE DEFICIENT WILL NOT RECUIVE monthly the audits recommendations in Consultant Pharma  F 431  1.) WHAT CORRECT ACTION WILL BE ACCOMPLISHED FRESIDENTS FOUND AFFECTED BY THE DEFICENT PRACTION OF THE POTENT BE AFFECTE SAME DEFICE? | ORRECTIVE BE ENSURE PRACTICE R?  will monitor as well as any from the cist.  CTIVE FOR THOSE D TO BE E ICE?  was pulled realized to  YOU THER HAVING TIAL TO D BY THE |
| CMS-2567(02-99) Previous Versions Obsolete Event ID: W55L11  | Facility ID: TN0401   | ontinuation sheet Page 29 of 47   |

F425 #4: The DA connistee: DOM . LPN Coministrator NOS COORCLINATOR Social Surias Director Diebary Supervisor

| STATEM | BUT OF DEFICIENCIES  | West population with the second  | <del></del>         |   | <u> </u>   |
|--------|--|--|---------------------|---|--|
|        | the man interest of afficient afficient  | INTERNITION NUMBER   | 1 1000 17           | OBC MERNER TO THE PARTY A PARTY OF  |  |
| 4      |  |  | į.                  | LDING   | COMPLETED  |
| 1      |  | 44E232   | B WIN               | /G  | 04/20/2040   |
|        | F PROVIDER OR SUPPLIER SOE COUNTY INURSING   |  |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>107 WHEELERTOWN AVENUE<br>PIKEVILLE, TN 37367    |  |
| PREFIX | REGULATORY OR LS   | Tement of deficiencies Must be preceded by full C Identifying information)   | (D<br>PREFI)<br>TAG | PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD RE COMPLETION  |
| F 514  | The clinical record multiple resident in accordance systematically organization accurately documents systematically organization to identify resident's assessment services provided; the preadmission screening and progress notes.  This REQUIREMENT by: Based on medical recording the clinical record multiple resident's assessment services provided; the preadmission screening and progress notes. | cility Administrator outside the April 27, 2010, at 7:12 p.m., ation room was to remain ed by authorized staff.  ETE/ACCURATE/ACCESSIB  Intain clinical records on each ewith accepted professional less that are complete; and readily accessible; and red.  Inst contain sufficient the resident; a record of the tes; the plan of care and results of any and conducted by the State;  Is not met as evidenced and review and interview, are clinical records were for six (#4, #5, #8, #9, dents receiving sliding records. Seizures | F 4                 | committee as well as reinservicing the nurse(s) responsible.                              | HOSE  HOSE  HIO, ented or the lithe pared is.  HOSE  HE SST.  HOSE  HOSE |

Event ID: W55L11

Facility (D; TN0401

| DR SUPPLIER                        | 1) PROMOREMENTO HERMAN   | A. BUII  | ETING CONSTRUCTION   | COMPL  | . <u>0333-038</u><br>  |
|------------------------------------|--|--|--|--|--|
| DR SUPPLIER                        |  | A. BUII  | DING   |  |  |
| DR SUPPLIER                        | //#sas   | -  |  |  | 7F 1 64 62   |
| R SUPPLIER                         | // <b>#</b> 535  | i  |  | ŧ  |  |
| R SUPPLIER                         |  | B. Win   | G  |  | 2010010  |
|                                    |  | 7  | Swanner 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14  |  | 30/2010  |
| 9. f. h. 10. s mb. de              |  | j  | STREET ADDRESS, CITY, STATE, ZIP C   | ODE  |  |
| Y NURSING HO                       | OME  | 1  | 107 WHEELERTOWN AVENUE   |  |  |
| N IS STATE OF THE PARTY.           |  |  | PIKEVILLE, TN 37367  |  |  |
| H DEFICIENCY MIT                   | IENT OF DEFICIENCIES<br>ST BE PRECEDED BY FULL   | Ø  | PROVIDER'S PLAN OF CO  | RRECTION   | (X5)   |
| LATORY OR LSC II                   | DENTIFYING INFORMATION)  | Prefd<br>Tag   | EACH CORRECTIVE ACTION   | SHOULD BE  | COMPLETION   |
|                                    | i i  | 140  | CROSS-REFERENCED TO THE<br>DEFIGIENCY)   | APPROPRIATE  | DATE   |
|                                    |  |  | 32.10(101)   |  |  |
| ed From page :                     | 32   | F 5  | 14   |  | }  |
| no insulin was                     | administered (instead of 4   |  | The RNs will monito  | r the  |  |
| praerea).                          | j  |  | Diabetic Records twi   | ce weekly  | İ  |
| 6, 2010, at 4;                     | 00 p.m., blood sugar was   |  | for proper documents   | •  | ]  |
| 14 Units of Inst                   | JID were administered 1  |  | ,  |  | }  |
| of 12 units as o                   | Ordered)   |  | findings will be report  |  | Í<br>:   |
| 16, 2010, at 6                     | :00 a.m., blood sugar was  |  | QA committee month   | ily until the  | į  |
| 10 insulin was                     | administered (instead of 8   |  | QA committee deems   | 3  | į į  |
| rdered).                           | Instead of 0   |  | unnecessary.   |  |  |
| 26, 2010, at 1                     | 1:00 a.m., blood sugar   |  | mannosary.   | 7  |  |
| and no Insulin                     | was administered (instead  |  | The pales  | į  |  |
| s as ordered).                     | was administered (nistead )  |  | 1- The RN'S -  |  | -  |
| 2010, at 9:00 r                    | o.m., blood sugar was 344  |  | The DON flow   | ETINE  | 1  |
| S of insulin wa                    | re administered (instead   |  | 1 Canadi   | a fail   | i  |
| as ordered).                       | ie administered fitisteso  |  | I HOS COGRECO  |  | [  |
| 2010 at 4:00 n                     | .m., blood sugar was 262   |  |  | i  | ļ  |
| ave rilinari in 2                  | re administered (instead   |  | WA committee:  | ļ  | ł  |
| as ordered).                       | e administered (litistead  |  | 1 17/1/61  |  | ł  |
| 2010 at 0:00                       | p.m., blood sugar was  |  | موادية الأحسام والأساس الأراث الأ   |  | ŀ  |
| zoro, al 3.00<br>Sinculin uma a    | dministered (Instead of 4  |  | I SOCIAL SMEAR   | T(2) 1774 C#.06h   | 1  |
| dered).                            | CHIMISTERED (INSTEAD OF 4  |  |  | CATUR 1  |  |
| 2010 0,00 n n                      | a black superior on  |  | 1 = 5 // 64  | LLU150   |  |
| of includin war                    | n., blood sugar was 263  |  | 13/2-2214  | 16°  | 1  |
| is utgered)                        | a annimistered (iusteso  |  | - Medical Life   |  | ļ.   |
| 0 010016U).<br>2010 - st 4:00 -    | on blood over-   |  | - Consultant   | h Verrent  | 1  |
| -v iv, al 4.00 p<br>mite of innië- | Anna paladata da   |  | ا _ لاهي _   | }  | 1  |
| anko un nisulii.                   | were administered  |  |  | 1  | j  |
| ~ 411110 45 01016<br>- 444 45 0144 | SIGUJ.   |  |  | 1  | . 1  |
| inculia uses                       | Anti-, plood sugar was   |  |  |  | į  |
| #1541#1 W8\$ 3(                    | unmistered (instead of 4   |  |  |  | 1  |
| 1001 CONTRACTOR                    |  |  |  | 1  | 1  |
| 10 10, at 11:00                    | a.m., blood sugar was  |  |  |  | Į  |
| mus of Mehill i                    | were administered  | i  |  | ł  | 1  |
| IN UDIES AS OLD                    | erea).   |  |  |  | 1  |
| 010, at 4:00 p.                    | .m., blood sugar was   | i  |  | i  | 1  |
| units of Insulin                   | were administered  |  |  | [  | j  |
| 2 units as ord                     | ered); at 9:00 p.m.,   | j  |  | j  | -  |
| was 439 and                        | 10 units of insulin were   | ļ  |  | ļ  | 1  |
| d (instead of 1)                   | 2 units as ordered).   | į  |  | ļ  | 1  |
| ), at 9:00 p.m.,                   | blood sugar was 336 i  | ľ  |  | 1  | ĺ  |
| of insulin were                    | administered (instead  | j  |  | 1  | 1  |
|                                    | 2010, 9:00 p.n. of insulin wer of insulin wer is ordered). 2010, at 4:00 p.units of insulin 8 units as ordered). 2010, at 9:00 p.insulin was aciered). 2010, at 11:00 inits of insulin 10 units as ordered of 1:00 p.units of Insulin 12 units as ordered of 1:00 p.m., at 9:00 p.m., at 9:00 p.m., at 9:00 p.m. | 2010, 9:00 p.m., blood sugar was 263 of insulin were administered (instead is ordered). 2010, at 4:00 p.m., blood sugar was units of insulin were administered 8 units as ordered). 2010, at 9:00 p.m., blood sugar was insulin was administered (instead of 4 | 2010, 9:00 p.m., blood sugar was 263 of insulin were administered (instead is ordered). 2010, at 4:00 p.m., blood sugar was units of insulin were administered 8 units as ordered). 2010, at 9:00 p.m., blood sugar was insulin was administered (instead of 4 lered). 2010, at 11:00 a.m., blood sugar was inits of insulin were administered 10 units as ordered). 010, at 4:00 p.m., blood sugar was units of insulin were administered 12 units as ordered); at 9:00 p.m., was 439 and 10 units of insulin were d (instead of 12 units as ordered). 0, at 9:00 p.m., blood sugar was 336 | 2010, 9:00 p.m., blood sugar was 263 of insulin were administered (instead is ordered). 2010, at 4:00 p.m., blood sugar was units of insulin were administered 8 units as ordered). 2010, at 9:00 p.m., blood sugar was insulin was administered (instead of 4 lered). 2010, at 11:00 a.m., blood sugar was units of insulin were administered 10 units as ordered). 010, at 4:00 p.m., blood sugar was units of Insulin were administered 12 units as ordered); at 9:00 p.m., was 439 and 10 units of insulin were d (instead of 12 units as ordered). 0, at 9:00 p.m., blood sugar was 336 | 2010, 9:00 p.m., blood sugar was 263 of insulin were administered (instead is ordered). 2010, at 4:00 p.m., blood sugar was insulin were administered (instead of 4 lered). 2010, at 11:00 a.m., blood sugar was insulin were administered (instead of 4 lered). 2010, at 12:00 p.m., blood sugar was insulin were administered (instead of 4 lered). 2010, at 4:00 p.m., blood sugar was units of insulin were administered (instead of 12 units as ordered); at 9:00 p.m., was 439 and 10 units of insulin were di (instead of 12 units as ordered). 2010, at 9:00 p.m., blood sugar was 336 |

Event ID: W55L11

Facility ID: TN0401